



Clark County Regional Support Network Policy Statement

Policy No.:	CM13	MIS 2.02.01
Policy Title:	Intake and Mental Health Assessment	
Effective Date:	September 1, 2001	

Policy: CCRSN contracted providers shall work collaboratively with eligible consumers, involved family and/or friends, and other allied professionals to conduct a holistic, comprehensive mental health assessment in a timely manner. The mental health assessment shall result in an initial determination of medical necessity and identify mental health and other service-related needs and must be completed by a mental health professional for consideration

Reference: WAC 388-865; Washington State Mental Health Division CCRSN Interlocal Agreement; 42 CFR 400, CCRSN Policy and Procedures: AD09 Financial Eligibility for Services for CCRSN Funded Consumers, CR01 Consumer Rights & Responsibilities, CR04 Advance Directives

Definitions:

Intake means the components required to establish financial and medical necessity, to inform consumers of their rights, and to obtain consent for treatment.

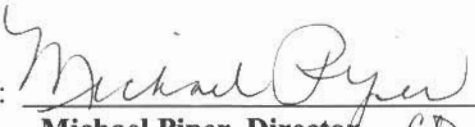
Mental Health Assessment means the clinical evaluation conducted by a mental health professional for the purpose of identifying needs and strengths of an individual requesting mental health services and to document evidence of medical necessity.

Procedure:

1. An intake shall be initiated prior to the provision of any non-crisis mental health services within 10 calendar days of a request for mental health services by an RSN-funded consumer.
2. CCRSN network providers shall ensure consumer family and/or significant others' involvement
 - a) At the request of the consumer;
 - b) By asking the consumer at intake if he or she wishes family members and/or significant others to be involved in the intake and/or mental health assessment process;
 - c) By documenting the consumer's choice of family and/or significant others involvement.
3. Mental Health Professional with appropriate clinical experience, supervision, and training shall conduct a face-to-face mental health assessment with eligible consumers.
4. The mental health assessment may be completed at an office site, but shall also be conducted at other locations in the community such as the individual's home, a school, hospital, or other location that affords a confidential interview space, when travel to an office setting presents an access barrier.

5. The CCRSN contracted provider shall assign a direct service clinician responsible for implementation and coordination of the consumer's individualized treatment plan, including the crisis plan if one is present.
6. The consumer may change providers or primary direct service clinicians within ninety (30) days of intake and once during a twelve (12) month period for any reason.
7. CCRSN contracted providers shall collect all information necessary to provide required data elements to the Clark County RSN Information System.
8. A mental health assessment developed with the consumer shall include:
 - a) A consent for treatment or a copy of detention or involuntary treatment order;
 - b) A description of the presenting problem, presented needs, and consumer strengths identified by both the consumer and the primary direct service clinician;
 - c) Consumer's needs and desired outcomes in the consumer's own words;
 - d) Review and documentation of life domain needs, as specified in WAC 388-865-0425, specific to the consumer (e.g., food, shelter, financial, school/work);
 - e) Consumer's culture/cultural history and any relevant disability;
 - f) History of substance/alcohol abuse or other co-occurring disorders;
 - g) Medical history and a list of past and current medications;
 - h) Mental health services history; including documentation of what consumers and/or significant others identified as helpful in the past
 - i) Information to justify the provisional diagnosis;
 - j) Additionally, for children:
 - i) Developmental history (up to age 18)
 - ii) EPSDT referral request (up to age 18)
 - iii) Parent's goals and desired outcomes (if consent is obtained or not required);
 - k) Documentation that consumers receiving court-ordered treatment or treatment ordered by the Department of Corrections (DOC) have been asked if they are under supervision by the DOC. The consumer is required to disclose this information.
 - l) Initial individualized service plan;
 - m) Identification of involved professionals from allied systems and documentation of efforts to include input;
 - n) Identification of the primary care provider
9. Clinicians conducting assessments/intakes are required to conform to the cultural competency guidelines and standards detailed in the Cultural Competency Policy and Procedure. Providers will ensure that direct service providers are competent or have access to mental health specialists in delivering services to people of minority populations, children and older adults, and those whose primary language is not English.
10. If seeking information for the required assessment elements presents a barrier to service as defined in the Washington Administrative Codes 2547-57, portions of the intake may be left incomplete provided that the reasons are documented in the clinical record.

11. During the intake process, providers shall disseminate and document in the consumer's file that the following information has been provided and explained to the consumer and or to the consumer's legally responsible other in a manner that is understandable to the individual:
 - a) Consumer rights and responsibilities;
 - b) Advance Directives, for consumers age 18 and above;
 - c) Information about advocacy and available consumer support groups;
 - d) Information about Ombuds services, including the right to file a grievance;
 - e) The consumer's right to change providers and/or clinician once within the first 90 days, once per calendar year for any reason and for subsequent changes during the calendar year, only for documented good cause;
 - f) A provider may utilize the CCRSN brochure and consumer handbook to meet these requirements, but should have the consumer sign and initial a form that they received this information and then file the documentation in the consumer's medical record.
12. Eligible consumers of all ages shall be referred to an identified physical health care provider within 30 days of intake and when a physical health need is identified thereafter. The primary clinician shall refer children and adolescents based on the periodicity schedule.
13. Providers shall complete the appropriate level of functioning tool for children as required in the CCRSN Policy and Procedure regarding Level of Functioning Tools.
14. The provider shall ensure that consumers are notified of clinician's training, clinical background and areas of expertise or specialization.

Approved By: 
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